

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>INDIANA JOBS NOW</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00603159	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>TARGETED VICTORY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 25 / 2016</b>	
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400		Amount <b>4715.50</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE.4137</b>
Purpose of Expenditure MEDIA PRODUCTION/MEDIA		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 22 / 2016</b>
Name of Federal Candidate <b>TREY HOLLINGSWORTH</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>98636.50</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>TARGETED VICTORY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 25 / 2016</b>	
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City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE.4138</b>
Purpose of Expenditure MEDIA PRODUCTION/MEDIA		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 22 / 2016</b>
Name of Federal Candidate <b>GREGORY FRANCIS MR. ZOELLER</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>103352.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>9431.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>9431.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 27 / 2016**

Signature